

SECURITY SERVICES LIABILITY INSURANCE PROPOSAL FORM

APPLICANT CONTACT DETAILS

| | | | |
|--------------------------------------|-------|--|---------|
| Registered Name of business: | | | |
| Trading name (If applicable): | | | |
| Company Registration Number: | | | |
| VAT Registration Number: | | | |
| Telephone Number: | Code: | | Number: |
| Facsimile Number: | Code: | | Number: |
| Email Address: | | | |
| Physical Address: | | | Code: |
| Postal Address: | | | Code: |
| Description of Business (in detail): | | | |
| | | | |
| | | | |

APPLICANT SCREENING DETAILS

| | | | | | | |
|--|--|--------------|-------------------|--|------------------------------------|--|
| Does the applicant subcontract work to others? | Yes | | No | | If yes, what kind of work? | |
| If yes, is proof of insurance cover requested from subcontractors? | Yes | | No | | | |
| Are background investigations and checks conducted on all employees? | Yes | | No | | | |
| If yes, please mark the appropriate box below that's applicable: | | | | | | |
| | Criminal Background Checks | | Previous Employer | | Personal References | |
| | Fingerprints | | Drug Screening | | Other | |
| | Background Cleared Prior to Employment | | | | Pre-employment polygraph key staff | |
| Are any watercraft used? | Yes | | No | | | |
| Number: | | Description: | | | | |

| | | | | | |
|--|-----|--------------|----|--|--|
| Are any Cash in Transit, Armoured vehicles, etc. used? | Yes | | No | | If yes, describe what type and the number used: |
| | | | | | |
| Number: | | Description: | | | |
| | | | | | |
| Do you have a legal commercial policy? | Yes | | No | | If yes, please attach a copy of the policy contract. |
| | | | | | |

Include number of Employees per security service rendered

| | Guarding | | Armed Reaction | | VIP Protection | |
|---------------------------------|----------|---------|----------------|---------|----------------|---------|
| | Armed | Unarmed | Armed | Unarmed | Armed | Unarmed |
| Full Time | | | | | | |
| Part Time | | | | | | |
| | Armed | Unarmed | | | | |
| <i>Other Security Personnel</i> | | | | | | |

SECURITY LIABILITY PROGRAM APPLICATION

| | |
|---|--|
| Gross Annual Turnover from Your Operation | |
| Estimated Gross Turnover for the Next 12 Months | |

Please provide descriptions / annual turnover for the items as listed below:

| Services Contract | With Firearms | Without Firearms |
|--|----------------|------------------|
| Static Guarding and Warden Services | R | R |
| Access Control | R | R |
| Warehouse and Goods Despatch | R | R |
| Special Event Security Services (concerts/shows etc) | Not Applicable | R |
| Alarm/CCTV Monitoring and/or Response | R | R |
| Armed response | R | R |
| Escort Services | R | R |
| VIP Protection | R | R |
| Crowd Control/Riots and strikes | R | R |
| Security Consultancies | Not Applicable | R |
| Training Centres | R | R |
| Medical Response/Ambulance Services | Not Applicable | R |
| Supply, Installation & Maintenance of Detection, | Not Applicable | R |
| Access Control & Alarm Systems | R | R |
| Other Security Services (please describe below) | R | R |
| | | |
| Total | R | R |

Limits of Liability / Cover Required

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|--|
| Please indicate annual policy limit | | | | | | | | | |
| Required Inception Date of this Policy | D | D | M | M | Y | Y | Y | Y | |
| | | | | | | | | | |

Please indicate which Section and Extension you want to include:

| | |
|---------------------------------|--------------------------|
| General Public Liability | Automatically Included |
| Pollution Liability | Automatically Included |
| Products Liability | <input type="checkbox"/> |
| Security Claims | <input type="checkbox"/> |
| Professional Indemnity | <input type="checkbox"/> |
| Defamation | Automatically Included |
| Satutory Defence Costs | Automatically Included |
| Wrongful Arrest | Automatically Included |
| Negligent Advice | <input type="checkbox"/> |
| Fire Arms | <input type="checkbox"/> |
| Special Events | <input type="checkbox"/> |
| Medical Response | <input type="checkbox"/> |
| Employers Liability | <input type="checkbox"/> |
| Freight Escort Services | <input type="checkbox"/> |
| Crowd Control Security Services | <input type="checkbox"/> |

Comments

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|--|-----------------|---------------------|---|
| Are all security officers PSIRA registered | | | |
| Dogs | Number Attended | Number Free Roaming | Where and how are they used? Please describe any drug – or any bomb-sniffing activities |
| | | | |

Claims / Prior Insurance

| | | | | | |
|---|---------------|-------|-------------|-----------|--|
| Have any claims been made or suits brought against you during the past five years? | Yes | | No | | If yes, please explain in an attached statement. |
| | | | | | |
| Are you aware of any circumstances that may be reasonably expected to result in a claim being made against your or any of your business predecessors, subsidiaries or affiliates or against any of the past or present directors, owners, staff or company? | Yes | | No | | If yes, please attach an explanation. |
| | | | | | |
| Have your or any of your business predecessors, subsidiaries, affiliates, past or present directors, owners, officers, staff, or employees been investigated and / or cited by any regulatory authority for violations arising out of your activities? | Yes | | No | | If yes, please explain in an attached statement. |
| | | | | | |
| Who was your previous/current insurance company for the past three years? | | | | | |
| Name of the Insurance Company | Policy number | Cover | Period from | Period to | |
| | | | | | |

For the purpose of this application, the undersigned authorised agent of the person(s) and entities proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and attachments, are true and complete. The broker/underwriter is authorised to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase the insurance.

I hereby acknowledge that I have read and understood the policy wording. Wording is also available on www.revolute.co.za or by sending an email to info@revolute.co.za

I understand that this policy is not in place until confirmation is received from the insurer.

I am aware of the fact that insurance premiums are payable in advance by the 7th of each and every month and that failure to do so will result in cover being suspended for the period in which premiums are unpaid.

IMPORTANT: *This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.*

I declare that the answers given above are true and correct

Signed at on this the day of

Signature

Full Name

Capacity